

MENTAL HEALTH BENEFITS PRE-DETERMINATION FORM

Your Name: _____

Instructions for determining your Mental Health benefits

Please contact your insurance company and request the following information. Bring this form to your 1st session.

- Contact the insurance company via the “Customer Service” number on the back of your card or via the company’s website.
- Request “Outpatient mental health benefits”
- Ask the representative if your mental health benefits are managed by a separate company (e.g. Magellan or Coresource). If so, ask for their contact information and contact that company for your benefits (Please write the name of that company on the line below).

Kenneth Gates and Associates is an IN Network Provider for Blue Cross/Blue Shield of Illinois and PHCS.

Additionally, Debbie Simpson is an IN Network provider for Aetna & Cigna

Note: Out of Network benefits are sometimes as good as In Network benefits. Even if we are out of your network, it is worthwhile to check the coverage.

- Is Kenneth Gates & Associates an In Network Provider? Yes _____ No _____
- Is Pre-Authorization required? Yes _____ No _____
If yes, the Pre-authorization number is: _____
- What is your annual deductible: _____
To date, how much has been met _____
- What is your co-pay or co-insurance amount: _____ (this is the amount you will be responsible for each visit, once your deductible is met)
- How many session do you have per year: _____
- Are there any pre-existing condition limitations: Yes _____ No _____

In addition to this form, please bring a copy of your insurance card to your first session.

Thank You